

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 17037

4052

BIRTH NO. 24041-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. ST. LOUIS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLES HOSPITAL | | d. STREET ADDRESS (If rural, give location) 1810 RUSSELL | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) ANDERSON c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) MAY 3, 1949 |
| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) () | 8. DATE OF BIRTH MAY 3, 1949 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 9b. KIND OF BUSINESS OR INDUSTRY | 9c. AGE (In years last birthday) 4 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY | 10c. AGE (In years last birthday) 4 |
| 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME CLARENCE ANDERSON | | 13b. MOTHER'S MAIDEN NAME LENA STEWART | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Clarence Anderson | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | 18. ADDRESS 1810 RUSSELL, E. ST. LOUIS, MO. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 161 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 7620 | | 22. I hereby certify that I attended the deceased from 5-3, 1949 , to 5-3, 1949 , that I last saw the deceased alive on 5/3, 1949 , and that death occurred at 11:57 m., from the causes and on the date stated above. | |
| 23a. SIGNATURE V. H. Kothe (Degree or title) MD | | 23b. ADDRESS 1421 Kansas E. St. Louis, Ill | |
| 23c. DATE SIGNED 5/4/49 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) E. ST. LOUIS, ILL. | |
| 24b. DATE MAY 3, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY DOUGLAS | |
| 24d. LOCATION (City, town, or county) (State) ST. CLAIR ILL. | | 25. FUNERAL DIRECTOR'S SIGNATURE R. C. Cragg ADDRESS 1036 W. POPE AVE. E. ST. LOUIS, ILL. | |
| DATE REC'D BY LOCAL REG. MAY 5 1949 | | REGISTRAR'S SIGNATURE J. B. Sarter | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.